

DeARCY HALL, J.

BLOOM, M.J.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK**CV 19-1527**Solomon Boomer

Plaintiff,

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

[Insert full name of plaintiff/prisoner]

JURY DEMAND

YES ☒ NO ☐

-against-

FHSD Benteviglia AND NP AshongNP LEROY LEONARD

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. Parties: (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Solomon Boomer

If you are incarcerated, provide the name of the facility and address:

594 Route 216 (Green Haven Corr. Facility)Stormville, N.Y. 12582-4000Prisoner ID Number: 94-A-4650

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Benteuiglia
Full Name
Facility Health Services Director
Job Title
Green Haven Corr. Facility, 594 Rt. 216
Stormville, NY 12582-4000
Address

Defendant No. 2

Ashong M.
Full Name
Nurse Practitioner
Job Title
Green Haven Corr. Facility, 594 Rt. 216
Stormville, NY 12582-4000
Address

Defendant No. 3

LEROY LEONARD
Full Name
NURSE PRACTITIONER
Job Title

GREEN HAVEN CORRECTIONAL FACILITY, RT., 216
STORMVILLE, NEW YORK 12582-4000

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? Green Haven Corr. Facility

When did the events happen? (include approximate time and date) Since October
2015 AND ONGOING UNTIL PRESENT

Facts: (what happened?) Since arriving in Green Haven I have complained of serious back pain from 3 previous surgeries, with the last one to replace broken screws (3/9/15). The defendants refused to send me to a specialist, and only provided physical therapy. I was denied care for non-medical reasons and allowed to suffer terrible pain for an extended period of time. I received x-ray on 4/12/16, which I was only put in for because I could not stand up straight and walk, and it revealed I had bulging disk and curved spine. This was not reported to me, and did not discover it until 9-10 months later from another provider. An MRI was ordered on 3/21/17, which verified the diagnosis.

After my provider NP Ashong received this information, I should have been scheduled to see Neurosurgeon and Orthopedic Surgeon, but due to the failure of the defendants I was never provided medical treatment for solely non-medical factors, in deliberate indifference to my medical care. I have written multiple letters and documents to no avail. Although I suffer great pain, I can hardly walk and have not been provided with wheelchair. (Ex. "A")

(various letters) (PLEASE SEE CONTINUATION ATTACHED AS 1 & 2)

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I have serious back problems and suffer intolerable pain when walking, but I have only received physical therapy since my last failed surgery almost 4 years ago. I require to see the Neurosurgeon and Orthopedic Surgeon.

CONTINUATION I

As a continuation of the deliberate indifference to my medical needs and the cause of my pain & suffering, I was returned to GHCF; because I could not remain in Elmira or, Attica, due to the injury of my back, for the failure of the provider to send me out to a neuro surgeon. They were not wheelchair facilities, and as soon as I arrived back here in July 18, 2018, I was told immediately by a "Nurse" that I was not getting a wheelchair, and to this day I have not.

However, before leaving Attica, I was sent to Wendy's Correctional fac., and I saw a specialist who recommended that I see a neuro surgeon, Albany approved it; but when I got transferred to GHCF before it could take place this facility removed it from the computer, and told me that I had to start over again, that I had to start with going to physical therapy. (which is NOT done anywhere else when you need to see a neuro surgeon), but the physical therapist realized the injuries I had and would not touch me until I had seen the neuro surgeon first (which is the proper way once a person has already had surgery), because I came back to the facility injured, from when the provider refused to send me out and kept giving me physical therapy, and ignoring my repeated cries to send me out.

Now this new provider, (Nurse Practitioner), Leroy Leonard, referred me for the neuro surgeon once the physical therapist would not touch me. This was on 1/15/19, so from July 18, 2018 to Jan. 15, 2019, the facility finally sent me out to the neuro surgeon so, that he may determine what is the problem for one, and if I need a wheelchair or, medication or, further surgery. on 11/28/18, nurse practitioner Leroy Leonard made a reason for consultation, and referral to see the neuro surgeon at Putnam Community Hospital. And, after I was examined by the neuro surgeon and his assistant, he recommended that I be given a wheelchair and two types of pain medications.

CONTINUATIONII

All recommendations by the neuro surgeon was denied by the nurse practitioner who denied it for no other reason than "I can walk" This is what he told me on a client call-out on 2/28/19,when I asked him why did he denied what the neuro surgeon recommended.

However, at the same time, he acknowledges in the reason for consultation and referral, that I have difficulty ambulating with my cain as well as the other difficulties with my back,which meets the requirements for reasonable accommodation Directive#2614(Section II, Subsection 1,4,and 5). He has not,and never examine Plaintiff,and the purpose Plaintiff was sent back to GHCF was because it was a wheelchair facility,and the purpose for the physical therapist was for to see the neuro surgeon for possible more surgery, wheelchair,medication.Therefore,nurse practitioner leroy leonard is in deliberate indifference to my medical needs when he had denied me the wheelchair and medication recommended by the neuro surgeon.

Additionally, provider M.Ashong has cause deliberate indifference to my medical needs for failure to schedule me to see a neuro surgeon.

Director,Dr. Robert Bentivegna, was notified before seeing the neurosurgeon,about nurse practitioner leroy leonard's refusal to file papers for the wheelchair,and after seeing the neuro surgeon,that he has denied the wheelchair and medictions recommended.Therefore, a deliberate indifference to my medical needs,and he has failed to remedy to wrong,and allowed it to continued,and was deficient in managing leroy leonard. He failed to act on the information that the neuro surgeon recommended where NP leroy leonard had denied it,causing claimant to suffer pain & mental angish, further even more damage to his back, and suffering.

III. Relief: State what relief you are seeking if you prevail on your complaint.

I seek Proper Medical Care and Treatment, as well as the
AWARDING OF COMPENSATORY AND PUNITIVE DAMAGES for
Past, Present AND future PAIN AND SUFFERING; for AN
Amount to be determined at trial

I declare under penalty of perjury that on 3/4/19, I delivered this
complaint to prison authorities at Green Haven Corr. Facility^(date) to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 3/4/19

S. Boomer
Signature of Plaintiff

Green Haven Correctional Facility
Name of Prison Facility or Address if not incarcerated

594 Route 216

Sturmville, New York 12582

Address

94-A-4650

Prisoner ID#

Exhibit

A

Inmate Grievance Complaint

grievance No. _____

ELMIRA _____ CORRECTIONAL FACILITYDate 6/13/17Name Solomon Boomer Dept. No. 94a-4650 Housing Unit 64-28

Description of problem: I submit this grievance, because I have sent to green haven correctional facility a grievance, where the radiologist after taking two x-rays of my back that I have been complaining about for months, failed to inform me that I had a herniated disc among other problems with my back.

GHCF never answered the grievance, so I'm submitting my grievance here but not against the medical dept., here.

I have to exhaust my remedies, here, unless this facility call GHCF & make an inquiry as to why they have not responded to the grievance.

Grievance

Signature S. Boomer

Grievance Clerk _____ Dated: _____

Advisor Requested ☒ Yes ☐ No Who _____

Action Requested by inmate: That greivance be pass on, or answered by GHCF

This grievance has been informally resolved as follows: _____

Grievance

Signature _____ Dated: _____

FORM 2131E (9/12)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

INMATE GRIEVANCE COMPLAINT

Grievance No.

Green Haven

CORRECTIONAL FACILITY

Date: 8/20/18

Name: Solomon Boomer

Dept. No.: 744650

Housing Unit: A-4-158

Program: NONE

AM NONE

PM

(Please Print or Type - This form must be filed within 21 calendar days of Grievance Incident)*

Description of Problem: (Please make as brief as possible) on 4/12/16 a X-ray was taken of my back, the Radiologist made a report, but failed to say that I have a Bulging disc and Curved spine. About ten months has passed, and I was still Complaining about my back, I did not have this report, but Just before I got transferred I got a copy and When I got to Elimira a X-ray was taken, and the Doctor said, here's your problem you have a bulging disc, and your spine is Curved, he ordered a mri which confirmed it and more. (See Attached page).

Grievant

Signature: S. Boomer

Grievance Clerk:

Date:

Advisor Requested

☒ YES☐ NO

Who:

Action requested by inmate:

The Grievance has been formally resolved as follows:

This Informal Resolution is accepted:

(To be completed only if resolved prior to hearing)

Grievant

Signature:

Date:

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee (IGRC).

* An exception to the time limit may be requested under Directive #4040, section 701.6(g).

12/2016

INMATE GRIEVANCE RESOLUTION COMMITTEE
ACKNOWLEDGEMENT OF RECEIPT

TO: Boomer DIN: 94A 4650 LOC. A4-158

FROM: IGRC OFFICE: Incident date: _____ Action Request: _____ Signature: _____

CODE: 22 TITLE: HAS "Bulging Disc + Curved Spine"

This notice is to inform you that your grievance has been received by this office on

AUG 28 2018

8/23. It has been given the log number GH 90196-18.

Your log number, DIN, and cell location must be included on any inquiry made concerning your grievance.

Upon completion of an investigation into your grievance, you will be scheduled for an IGRC hearing. According to Directive #4040 if you do not appear for the hearing without a legitimate reason, the IGRC will hold a hearing in absentia.

If your grievance is numbered as part of a consolidated issue, you may or may not be called for a hearing. However, you will receive a copy of the grievance committee's decision, and you may appeal any decision in accordance with Directive #4040.

Directive #4040 701.3(a) Inmate's Responsibility. An inmate is encouraged to resolve his complaints through the guidance and counseling unit the program area directly affected, or other existing channels (informal or formal) prior to submitting a grievance. Although a facility may not impose pre-conditions for submission of a grievance, the failure of an inmate to attempt to resolve a problem on his own may result in the dismissal and closing of a grievance at an IGRC hearing.


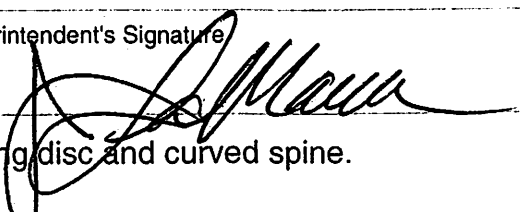
***Notice of Return: Please resubmit with correction requested.**

Please be advised that your grievance received on _____, is being returned to you via callout for one or more of the following reasons. You will be placed on a callout to meet with an IGRC Inmate Representative to make any necessary corrections.

- | | |
|---|--|
| <input checked="" type="checkbox"/> No action request, please indicate one. | <input type="checkbox"/> No incident date noted. |
| <input type="checkbox"/> No signature | <input type="checkbox"/> Non-grievable per Directive #4040 |
| <input type="checkbox"/> Unable to understand handwriting. | <input type="checkbox"/> Loss/damage of property is addressed by utilizing the claim mechanism in accordance with Directive #2733. |
| <input type="checkbox"/> Other (as indicated below): | |

IGP Supervisor Stanaway ZP

IGP Supervisor Wonsang _____

Grievant BOOMER	Number 94A4650	Cell A4-158
 Corrections and Community Supervision Inmate Grievance Program Green Haven	Grievance Number 90196-18	Date Filed 8/28/2018
	Title HAS "BULGING DISC & CURVED SPINE"	Code 22
	Superintendent's Signature 	Date 10/4/18

The grievant complains of a bulging disc and curved spine.

According to the investigation, the grievant's computer records and medical chart were reviewed by the Nurse Administrator. Medical has found ample x-ray evidence to support a history of disc and spinal surgery. The grievant may return to sick call to schedule a providers' appointment. The grievant did not request a remedy as part of this grievance.

Grievance is denied.

Appeal Statement

If you wish to refer the above decision of the Superintendent please sign below and return this copy to your Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal. Please state why you are appealing this decision to C.O.R.C.

I am appealing the superintendent's decision; because his investigation and response is not in responsive to my grievance. My grievance is that the radiologist took a x-ray of my back and made a report. In that report, he "failed" to state that I "had" a "bulging disc,"[and] a "curved spine". (see exhibit A) (See Attached Page)


Grievant's Signature

10/8/18 Date

Grievance Clerk's Signature

Date

Continued
pg. 2

During approximately nine months or so, I've still been complaining to my provider Ashong, who refuse to send me outsee a neurosurgeon, orthopetic to see what was the problem with my back;["because"], I had "three" back surgries.

I was transfered Feb. 2017 to Elmira, and the provider there took a x-ray and discovered that I had a "bulging disc, and curved spine" and showed it to me on the screen.

He then ordered a MRI which verified the bulging disc. Moreover, other things were happing too, such as disc degeneration, and canal stenosis. (see exhibit B)

As far the remedy is concern, the only thing that could have been done was for the superintendent to ask the radiologist "why" he has "failed" to state those facts in his report.

Dated: 10/8 /18

S. Boomer



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

December 28, 2018

Solomon Boomer, 94A4650
Green Haven Correctional Facility
594 Route 216
Stormville, NY 12582-0010

Dear Mr. Boomer;

In regards to your recent correspondence, I have been advised that wheelchairs are ordered by a physician as medically indicated. At this time, your provider does not feel you have a medical need for a wheelchair.

It is suggested that you continue to bring your medical concerns to the attention of the medical staff using the existing sick call procedure. I am sure they will make every effort to address your needs.

Sincerely,

A handwritten signature in black ink, appearing to read "V. Baldwin".

V. Baldwin
Deputy Superintendent for Health Services

cc: NA, Green Haven Correctional Facility



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

TO: 94A4650 BOOMER, SOLOMON CELL 0A-41-58S
FROM: M. Kopp, Deputy Superintendent Program Services
SUBJECT: Reasonable Accommodation Denial
DATE: 12/17/18

A handwritten signature in black ink, appearing to read "M Kopp", written over the "FROM" line of the memorandum.

In response to your letter dated 12/13/18, it has been forwarded to DSHS Baldwin.

MK:nl

Cc: DSHS Baldwin
file



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

TO: 94A4650 BOOMER, SOLOMON CELL 0A-41-58S
FROM: M. Kopp, Deputy Superintendent Program Services
SUBJECT: Reasonable Accommodation Dated 11/30/18
DATE: 12/05/18

A handwritten signature in black ink, appearing to read "MKopp", located to the right of the "FROM:" line.

In response to your Reasonable Accommodation dated 11/30/18, this is not an appropriate Reasonable Accommodation. This is a medical doctor's determination. See Directive #2614, Section B – Note.

MK:nl
Cc: file

Revised (02/04)

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONAL SERVICES
REQUEST FOR REASONABLE ACCOMMODATION

COPY LOCALLY AS NEEDED

GREEN HAVEN CORRECTIONAL FACILITY

Inmate's Name Solomon Boomer		DIN# 94A 4650	DATE 11-30-18
INMATE'S REQUEST	I request reasonable accommodation to participate in the following program and/or service Need Wheelchair so I can Participate in All Activities		
	I am limited in my ability to (explain disability or limitation): WALK without excessive PAIN As I have had multiple back surgeries		
	The accommodation requested is: NEED A Wheelchair		
	(Sign and forward to the Deputy Superintendent for Program Services)		
REC'D BY DSP	<div>(DSP Name) _____ (Signature) _____ Date _____</div>		
MEDICAL VERIFICATION	Disability _____ Functional limitations _____ No medical verification is on file. Follow-up appointment scheduled? <input type="checkbox"/> yes <input type="checkbox"/> no Date inmate notified of pending medical evaluation/consult: _____ <div>(Medical Staff name – title) _____ (Signature) _____ Date _____</div>		
REASONABLE ACCOMMODATION DETERMINATION	The above requested reasonable accommodation has been: <input type="checkbox"/> Approved <input type="checkbox"/> Modified <input type="checkbox"/> Denied The specific accommodations approved are: _____ Explanation of modification or denial: _____ <div>(Inmate's Signature) _____ (DSP or designee signature) _____ Date _____</div>		
INMATE RECEIPT	<input type="checkbox"/> I agree <input checked="" type="checkbox"/> I disagree with this determination. I understand my right to file a grievance in accordance with Directive #4040, "Inmate Grievance Program" Signature Solomon Boomer Date 1/11/19		

Original – Guidance Folder

Copies - Inmate, Superintendent, Medical, Parole, ADA Coordinator (Central Office)

Solomon Boomer 94a-4650
594 Route 216
Stormville, N.Y. 12582

2/7/17

Re: Medical Complaints

TO: Dr. Carl Koenigsmann, M.D.
Associate Commissioner/Chief Medical
Office/DOCS
Harriman State Campus
1220 Washington Avenue
Albany, N.Y. 12226-2050

Dear Dr. Koenigsmann, M.D.,:

I am writing to you to make a complaint against the medical dept. here at Green Haven Correctional Facility. Since I have arrived here in Oct. 2015, I had nothing but pain & suffering instead of adequate medical care that works.

First, they removed my medication of lyrica, 300mg., which was for severe neorapathy I have been taking for years. They claimed that they had to do their own tests, which is very painful.

Twenty-one years of medical records arrived here when I did. Then, they took me off ultrams 200mg., which was for the pain in my back, due to the three surgeries I had, which is also in my medical records.

The last surgery was in March 10, 2015, and there has not been any follow-ups after the surgery since I've been here. I'm told that I am in the computer to see the specialist which I have been complaining about. Yet, the request to see the specialist has not been activated, it just sits there in the computer without sending the request out.

It has been one year and four months since I've been here without seeing a specialist. From March to Oct. 2015, I could not have a follow-up by the surgeon who performed the surgery; because I filed a suit against him. And, my back ~~is getting worse~~, the hardware is moving; because I can feel it moving as before. It's hitting nerves on both sides of my lower back, and I don't understand it; but it is also affecting the side of my stomach.

Though x-rays were taken, I'm told that the hardware is stable. I believe nothing that I'm told by the medical dept. here at GHCF. The staff here is the worse medical dept., I have ever saw. (i.e bedside manners).

Additionally, when the lyrica was re-started, I was only given 200mg instead of my usual dosage of 300mg., which was working for me. The 200mg. is not working and I'm in constant pain for months on end now.

So, I then requested for lyrica at night; because the 200mg. wears off at night, and I'm up all night rubbing my feets and hands. What the medical staff did was to split the 200mg. to 100mg. at morning and 100mg. at night. This made it worse. If, the 200mg. was not working why split, this did not make any sense.

The medical dept., treat my back surgies in a nonchalant manner, which is very frightful considering the circumstances. I could speak on other things I've seen here; but my concrns are my own health problems.

I need some intervention on my behalf, I need to see a specialist

2.

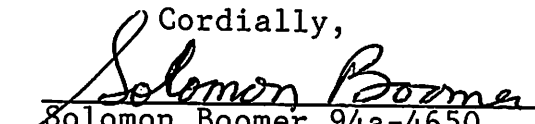
before I am not able to walk. I just got a back brace that I have requested for six months , though actually it was more than six months. This what their records say. I also received pressure socks for even a longer time.

Moreover, what they do here is to not let you look at any results of tests that has been performed. I should be able to look at all the test results while I am seeing the provider. Such as liver, kidney, pancreas, blood results, and not just told about them.

And, lastly, I have been denied medical showers, where I have rash between my legs for years that won't go away, however, while I was in Attica I worked in the messhall, so I was able to take showers every day, which controled the rash. I was given creams, pads etc., which don't work, and now the rash is out of control. I have caught two infections since I've been here.

Wherefore, I pray that therewill be some intervektion on my behalf.

Dated: 2/7/17

Cordially,

Solomon Boomer 94a-4650

State of New York
Department of Corrections and Community Supervision
Sick Call Visit/Ambulatory Health Record Progress Note

Name Boomes DIN 94A4650 Date of Birth 8-29-58 Facility 080

Triage Information (to be completed by Triage Nurse) Date of Sick Call Request Form: Sick call
Date Received by RN: 8-15-16 RN Triage Note: Ø

Inmate to be seen/date: 8-15-16 ☐ Dental request forwarded to Dentist

RN Signature D Barreto Date/Time 8-15-16 3:20 AM

Sick Call Visit Note:

Subjective:

my back hurts - badly
"something moved in my back"

Objective:

VM reports hx of back surgery - laminectomy?
c hardware installed.

Vital Signs

Temp	<u>98</u>
Pulse	<u>80</u>
Resp	<u>16</u>
BP	<u>141/82</u>
O2 Sat	<u>97%</u>

Assessment:

act. in comfort; pain.

Plan:

refr to clinic provider.

Provider Orders:

Nurse/Provider Signature

Meshe 495

Date

15 AUG 16

Time

10⁴⁶ AM

RN Transcribing Order/Provider#

Date

Time

Subjective:

Last Name

Objective:

DIN

Location

Assessment:

Date

Time

Provider Orders:

Plan:

Signature/Provider#

Date

Time

RN Transcribing Order/Provider#

Date

Time

State of New York
Department of Corrections and Community Supervision
Sick Call Visit/Ambulatory Health Record Progress Note

Name Boumela DIN 9424658 Date of Birth 8/29/58 Facility 0806 HCP

Triage Information (to be completed by Triage Nurse) Date of Sick Call Request Form: 8/1/16

Date Received by RN: 8/1/16 RN Triage Note: BSL

Inmate to be seen/date: 8/1/16 ☐ Dental request forwarded to Dentist

RN Signature G. Bowden Wossler Date/Time _____

Sick Call Visit Note:

Subjective: "My Back has a lot of pain also

Both legs are giving in - supposed to get
Objective: Back Brace also want to see diabetic
and orthopedic doctor for my back had
sx. 3-2015 on back never seen

Assessment: anyone for Flu also rash between

Plan: my legs

Provider Orders: d) multiple issues - per x-ray @ fusion

ON spine
p) Alt in comfort w/lt pain p) PCP x 1 week
Analgesic Bath

Nurse/Provider Signature J. J. Davis Date 8/22/16 Time 2:15 PM

RN Transcribing Order/Provider# _____ Date _____ Time _____

Vital Signs	
Temp	<u>98.1</u>
Pulse	<u>88</u>
Resp	<u>18</u>
BP	<u>130/78</u>
O2 Sat	<u>98%</u>

Subjective: Addendum "Also Never received Last Name _____

Objective: diabetic socks and Back DIN _____ Location _____

Brace " Date _____ Time _____

Assessment: Provider Orders:

Plan: a) Back Brace - Compressor Stockings ordered 6/20/16

p) Slip D.O. from c/o giver (resubmitted) to Med
Supply S. Weiss

Signature/Provider# [Signature] #551 Date 8/22/16 Time 3 PM

RN Transcribing Order/Provider# _____ Date _____ Time _____

State of New York
Department of Corrections and Community Supervision
Sick Call Visit/Ambulatory Health Record Progress Note **E2215**

Name Boomer DIN 94A4650 Date of Birth 8/29/58 Facility 090614LP

Triage Information (to be completed by Triage Nurse) Date of Sick Call Request Form: 9/1/16
Date Received by RN: 9/14/16 RN Triage Note: BSC

Inmate to be seen/date: 9/12/16 ☐ Dental request forwarded to Dentist
RN Signature C. Banda Wisse Date/Time _____

Sick Call Visit Note:

Subjective: "My back pain is increasing,
it's unbearable."

Objective: Walking c/limp, apparent discomfort.

Vital Signs

Temp	
Pulse	
Resp	
BP	<u>160/90</u>
O2 Sat	

Assessment: Alteration in comfort r/t chronic pain.

Plan: Pending MRB consult 9/18/16,

Provider Orders:

Nurse/Provider Signature C. Banda Wisse Date _____ Time _____
RN Transcribing Order/Provider# _____ Date _____ Time _____

Subjective:

Renewal (1:1)

Last Name Boomer

Objective:

DIN 94A4650 Location E2-215

Date 9/28/16 Time _____

Assessment:**Provider Orders:**

Lynca 200mg po QD x 1mth, PRN.

Plan:

Signature/Provider# Maphy 341 Date 9/28/16 Time _____
RN Transcribing Order/Provider# _____ Date _____ Time _____

GACF

State of New York
Department of Corrections and Community Supervision
Sick Call Visit/Ambulatory Health Record Progress Note

Name Boomer DIN 94A4650 Date of Birth _____ Facility E-80

Triage Information (to be completed by Triage Nurse) Date of Sick Call Request Form: 10/3/16

Date Received by RN: 10/3/16 RN Triage Note: C/O 2

Inmate to be seen/date: 10/3/16 ☐ Dental request forwarded to Dentist

RN Signature _____ Date/Time 10/3/16 2A

Sick Call Visit Note:

Subjective:

Ag Unpleasant to pain
of lower back pain, hx of fusion.

Objective:

Attention in comfort

Assessment:

Unpleasant pain, requesting Tylenol BID

Plan:

H/O PCP (Smo) Ag back pain (not severe)

Provider Orders:

Ag new medical need, state sent a letter.

Vital Signs	
Temp	97.6
Pulse	
Resp	14/16
BP	
O2 Sat	98%

Nurse/Provider Signature

Chalmers

Date

10/3/16

Time

11A

RN Transcribing Order/Provider#

Date

Time

Subjective:

Ag permit to carry

Objective:

legal documents w/ not bag

Assessment:

Chart to PCP

Last Name

Boomer

DIN

94A4650

Location

E-215

Date

10/3/16

Time

11A

Provider Orders:

Plan:

As per Dr. Bantregna
Net bags are a security
issue MA 10/3
not medical.

Signature/Provider#

Chalmers

Date

Time

RN Transcribing Order/Provider#

Date

Time

**ERIE COUNTY MEDICAL CENTER
HEALTHCARE NETWORK**462 Grider Street
Buffalo, NY 14215**OPERATIVE REPORT**Name BOOMER, SOLOMON
MR# M001026158
Room# 956
Report# 0717-0070

Account# V00002862413

DATE OF SURGERY: 7/12/2010

PREOPERATIVE DIAGNOSIS: Lumbar spinal stenosis and spondylolisthesis L5-S1, L4-L5 and L3-L4.

POSTOPERATIVE DIAGNOSIS: Lumbar spinal stenosis and spondylolisthesis L5-S1, L4-L5 and L3-L4.

OPERATIONS PERFORMED:

1. Posterior lumbar interbody fusion, L3-L4, L4-L5 and L5-S1.
2. Placement of posterior lumbar interbody cages, L3-L4, L4-L5 and L5 (DePuy bullet 9 mm carbon fiber cages).
3. Posterior pedicle screw instrumentation, L3-L4-L5 to the sacrum (Monarch DePuy Monarch titanium 6.25 mm).
4. Posterolateral arthrodesis, L3-L4-L5 to sacrum.

DRAINS: None.

IMPLANTS:

1. Lumbar interbody cages, L3-L4, L4-L5 and L5 (DePuy bullet 9 mm carbon fiber cages).
2. Posterior pedicle screw instrumentation, L3-L4-L5 to the sacrum (Monarch DePuy Monarch titanium 6.25 mm).

COMPLICATIONS: None.

ATTENDING SURGEON: Joseph M. Kowalski MD

ASSISTANT SURGEON: Harvinder Bedi MD

ANESTHESIA: General endotracheal.

INDICATIONS: The patient is a 51-year-old prisoner with a history of severe back and leg pain. He has intractable pain in his back and now down her leg. He has responded to short-term to a variety of modalities, remaining absolutely miserable and having difficulty standing and walking. He now is seeking surgical treatment. The risks, benefits and options are discussed with the patient regarding surgery. Risks include but are not limited to death, paralysis, infection, persistent pain, spinal fluid leaks, and need for reoperation. All things considered, he freely consented.

PROCEDURE: The patient was brought to the operating room and after adequate general endotracheal anesthesia, received IV antibiotics and the appropriate indwelling catheters. We placed prone on the operating room table and the back was draped and prepared in the usual orthopedic fashion across the lumbosacral junction. I used headlight illumination and loupe magnification for surgery.

Jg
7/21/10

ERIE COUNTY MEDICAL CENTER
HEALTHCARE NETWORK

462 Grider Street

Buffalo, New York 14215

DEPARTMENT OF IMAGING SERVICES

94A4650

PT NAME: BOOMER, SOLOMON
MRN: M001026158
DOB: 08/29/1958 Sex: M
Service Date: 07/12/10 Time: 1730
Requisition No: 10-0067427
Procedures:

0712-0018 ROR/FLUORO 76000
0712-0019 ROR/LUMBOSACRAL 2 OR 3 VWS 72100

Pt Type: ADM IN Pt Location: 9Z2
Attending: KOWALSKI, JOSEPH M MD
Referring: KOWALSKI, JOSEPH M MD
Primary Care: RAO, JADOW R MD, (RF)
Account Number: V00002862413
REPORT NO: 0714-0157

Reason for exam: FUSION L3-S1, FUSION

Intraoperative films of the lumbar spine in the frontal lateral views demonstrate bilateral transpedicular screws from L3 through S1. Adequate alignment is maintained.

Fluoroscopy was utilized in the OR.

IMPRESSION: Status post posterior fusion.

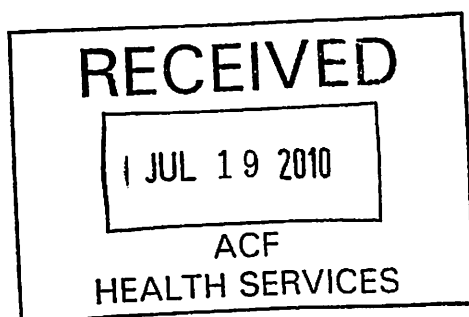
Films reviewed, dictated, and signed by:
Sign Date /Time:
Released by:

HAROLD TANENBAUM MD
07/14/10 1033

07/14/10 1027

Copies To:
Printed:

8/23/10



dy
7/19/10

OPERATIVE REPORT

Name BOOMER, SOLOMON
Report# 0717-0070

MR# M001026158

After the appropriate timeout was taken, I made a longitudinal incision over the spinous processes from L3 to the sacrum with a scalpel blade. I performed subperiosteal dissection to the tips of the transverse processes and confirmed our position by fluoroscopic view.

We first approached the L5-S1 disc space by removing the entire left facet joint. I used a variety of curettes and rongeurs to perform a subtotal discectomy. I completely decompressed the neural elements without difficulty.

I then packed allograft bone putty into the disc space and into a 9 mm carbon fiber cage. This was placed without difficulty.

I then repositioned my retractors and performed the same procedure at the L4-L5 level. Once again after excellent decompression I removed the disc and cartilaginous endplates, packed allograft bone putty into the disc space, and once again into a 9 mm carbon fiber cage. I repositioned my retractors to the L3-L4 level and performed a similar procedure. After a decompression and preparation, I placed another 9 mm cage into the disc space.

I then approached the spine and placed pedicle screw instrumentation. We decorticated the entry point with a high-speed bur, probed, tapped, and placed pedicle screws at L3, L4, and L5 and the sacrum without difficulty. These screws measured 6.25 x 45 mm at L3, L4, L5. We placed a 6.25 x 35 mm in the sacrum. Excellent purchase was obtained bilaterally.

We then completed our decompression, making sure that the bilateral nerves completely decompressed at L3-L4, L4-L5, and L5-S1.

After the rods were placed and decompressed, we then decorticated the transverse processes and facet joints at L3 to the sacrum with the high-speed bur. We packed copious amounts of local autogenous bone graft and allograft bone putty into the posterolateral gutters. We closed the fascia with #1 Vicryl in a figure-of-eight fashion, the overlying soft tissue with 2-0 Vicryl, and 4-0 Monocryl for the skin itself. Steri-Strips were applied, as well as a dry sterile dressing. The patient was rolled supine, extubated, and arrived in the recovery room in good condition. All sponge and needle counts were correct at the conclusion of the case. The patient could dorsiflex and plantarflex his toes in the recovery room.

Joseph M Kowalski MD

Dictated By: Joseph M. Kowalski MD

Transcription Voice ID: 12835261 Voice ID: 74437
DD/DT: 07/17/2010 13:19:42 / 07/17/2010 15:24:43



Attn Physician: KOWALSKI, JOSEPH M MD

<Electronically signed by JOSEPH M KOWALSKI MD> 07/19/10 0618



Imaging Rochester
Imaging Lakeside
Imaging North Country
Ultrasound-Vascular-Echocardiogram-X-ray-DEXA-Mobile Services

Patient Name: BOOMER, SOLOMON

Reason for Exam: LOW BACK PAIN, XRAY SHOWED BROKEN HARDWARE REC CT
L/S SPINE TO ACCESS FUSION LBP WITH BLE RADICULOPATHY
DIN 94A4650

Ordered: 12/20/2014
10:01 AM
Begun: 12/20/2014
10:01 AM
Completed: 12/20/2014
10:01 AM
Final: 12/25/2014
12:49 PM
MRN: AH-
94A4650
Gender: M
DOB: 08/29/1958

Ordering
Fax: 585-591-2504
Accession: AH261583
Ordering: ATTICA CORRECTIONAL FACILITY
Ordering
Phone: 585-591-2000
Radiologist: Ludwig, M.D., David M.D.
Technologist:

Final Report
CT EXAMINATION OF THE LUMBAR SPINE

HISTORY: Status post TLIF. Spinal stenosis. Broken hardware.

CT examination of the lumbar spine was obtained in the axial plane with subsequent coronal and sagittal reconstructed images.

Vertebral body height are well-maintained without fracture.

At L1-L2: The disc space is unremarkable for disc herniation, central stenosis or lateral foraminal stenosis.

At L2-L3: Broad-based disc bulge and posterior facet hypertrophic changes create a moderate central and moderate bilateral stenosis

At L3-L4: Hardware at L3. Disc prosthesis at L3-L4. Significant streak artifact however no significant central or lateral stenosis

At L4-L5: Hardware at L4. Disc prosthesis at L3-L4. Significant streak artifact however no significant central or lateral stenosis

At L5-S1: Hardware at L5 and S1. The right S1 screw is fractured. No significant central or lateral stenosis.

IMPRESSION:

Status post TLIF at L3, L4, L5, S1

The right S1 screw is fractured.

Broad-based disc bulge at L2-L3 creating moderate central moderate bilateral stenosis.

Rochester
511 Baughn Rd.
Rochester, NY 14624
Phone 585-235-3220
Fax 585-235-3231
2081 West Ridge Rd.
Suite 101
Rochester, NY 14626
Phone 585-235-3989
Fax 585-235-5581

On call Service
Phone 585-773-8610

Lakeside
80 West Ave
Suite L9
Brockport, NY 14420
Phone 585-391-3689
Fax 585-391-3625

North Country
676 State Route 3
Suite#1
Plattsburgh, NY 12901
Phone 518- 593-7466

dg 12/30/14

**ERIE COUNTY MEDICAL CENTER
HEALTHCARE NETWORK**

462 Grider Street
Buffalo, NY 14215

OPERATIVE REPORT

PT NAME BOOMER, SOLOMON
Pt Type: ADM IN **Pt Location:** 9Z2
DOB: 08/29/1958 **Sex:** M
PC Physician: SCHWAB, JOHN P DO, (RF)
REPORT# 0316-0011

MR#: M001026158
Account Number: V00004224140
Attn Physician: VAQAR, SAROSH MD
Ref Physician:

DATE OF SURGERY: 03/09/2015

PREOPERATIVE DIAGNOSES: Fractured hardware L5-S1 with nonunion, spinal stenosis, and retained hardware.

POSTOPERATIVE DIAGNOSES: Fractured hardware L5-S1 with nonunion, spinal stenosis, and retained hardware.

OPERATIONS PERFORMED:

1. Removal of retained hardware L3 to sacrum.
2. Posterior pedicle instrumentation, L5-S1 (Globus Revere titanium).
3. Revision laminectomy L5-S1.
4. Posterolateral arthrodesis, L5-S1.
5. Application of local autogenous bone graft and allograft bone putty, L5-S1. Application of infuse/bone morphogenic protein L5-S1.

DRAINS: (Not dictated).

IMPLANTS: (Not dictated).

COMPLICATIONS: None.

ATTENDING SURGEON: Joseph M Kowalski MD

ASSISTANT SURGEON: Evgeny Dyskin (R)

ANESTHESIA: General endotracheal.

ESTIMATED BLOOD LOSS: (Not Dictated).

INDICATIONS: The patient is a 56-year-old inmate who underwent spinal surgery by myself several years ago. He was doing relatively well for the past several months. He presented with increased pain in back and down both legs. Imaging then demonstrated what appeared to be fractured sacral screws bilaterally. There appeared to be a solid bridging fusion at L3, L4 and L5; however, at L5 and S1 there was no such bridging bone. In view of progressive and ongoing back pain and difficulty standing and walking, he now is requesting surgical correction. I discussed the need to remove the previous hardware and place additional the hardware additional bone grafting. The risks, benefits and options were discussed with the patient in great detail. Risks include, but are not limited to death, paralysis, infection, persistent pain, spinal fluid leaks, and need for reoperation. Indicated to the patient that reasonable expectation will be to improve his pain, but not limiting his pain completely. All things considered, he freely consented.



Imaging Rochester
Imaging Lakeside
Imaging North Country
Ultrasound-Vascular-Echocardiogram-X-ray-DEXA-Mobile Services

Authenticated by: David Ludwig, M.D. on: 12/25/2014 12:49

dg
12/30/14

Rochester 511 Beahan Rd. Rochester, NY 14624 Phone 585-235-3220 Fax 585-235-3231	Rochester 2081 West Ridge Rd. Suite 101 Rochester, NY 14626 Phone 585-235-3988 Fax 585-235-5501	On call Service Phone 585-773-8610	Lakeside 80 West Ave Suite L2 Brockport, NY 14420 Phone 585-391-3689 Fax 585-291-3825	North Country 675 State Route 3 Suite 101 Plattsburgh, NY 12901 Phone 518-593-7466
---	---	--	---	---

OPERATIVE REPORT

Name BOOMER, SOLOMON

MR# M001026158

Report# 0316-0011

Attn Physician: VAQAR, SAROSH MD

<Electronically signed by JOSEPH KOWALSKI MD> 03/18/15 0659

PC Physician: SCHWAB, JOHN P DO, (RF)

Ref Physician:

Copies To: KOWALSKI, JOSEPH MD; SCHWAB, JOHN P DO, (RF); VAQAR, SAROSH MD

~

ERIE COUNTY MEDICAL CENTER
HEALTHCARE NETWORK
PROGRESS NOTES

Rise in single motion	<input type="checkbox"/>
Pushes up after one successful attempt	<input type="checkbox"/>
Multiple attempts successful	<input type="checkbox"/>
Unable to rise without assistance	<input type="checkbox"/>

7

BP 128/80 P 101 WT.

04/09/15
M001026158
BOOMER, SOLOMON
DOB: 08/29/1958 56 SEX: M
V00004225896 ORTHO

ALLERGIES UPDATED ()

Pain Scale 0-1-2-3-4-5-6-7-8-9-10
No Pain Moderate Worst LOCATION:

Unapproved Abbreviations - desired alternative

Q.D. : write daily	U : write units	AU : write both ears	MS/MS04/MgS04 : write drug name
Q.O.D. : write every other day	IU : write international units	AD : write right ear	using trailing zero, ie, 2.0 mg : write 2 mg
TIW : write 3 times weekly	ug : write micrograms	AS : write left ear	lack of leading zero, ie, .2 mg write 0.2 mg

Post-op lumbar surgery 3/9/15

3/9/15
HPI 56yo B02 L3-L5-S1 Has removal
& revision disc fuses graft L5-S1
inmate of bed mattress
cb pain stopped
shooting out of lower right LE
was bifid LE prior to
feels ok others
P3 Back incision
healed w/ gap
Dysphagia 2 months
Bifid LE
motor intact
Calf's intact R
RSC

Examination 4/9/15 Has on toes, well down L5-S1

Dr.'s Orders:

Ap Post op - Improvements
- recommend medical mattress & foot log
- No lifting
- RSC look

JOSEPH TREANOR, PA-C

Physician's Signature:

Joseph Treanor PA-C 4/9/15 09514

Stamped Name & Title:

Nursing Discharge:

Copy of note provided

Kowalski clide

- xr here sketchy
Christina Medica

FORM 3108 (7/11)

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

EX#A

080
FACILITY

X-RAY REQUISITION AND REPORT

NAME Burner, Solomon DIN 94A4650
 DATE ORDERED 4/12/16 HOUSING UNIT E2-215 WORK LOC. _____
 DATE DONE 4/12/16 DATE OF BIRTH OR AGE 8/29/58
 TECHNICIAN HS URGENT _____ ROUTINE ☒
 PRECAUTIONS/ALLERGIES/RISKS 09/A
 EXAMINATION Xray lumbar spine
 CLINICAL DIAGNOSIS/HISTORY Continued low back pain. Reports
3 previous back surgeries.

ORDERED BY DR. M. Arky rep.Pt has hardware in back from previous surgery.

L5-spine 3 views including lateral views standing in flexion & extension without prior study shows stable small Grade 0 to Grade 1 retrolisthesis L3 posterior to L4 by 3mm. Remainder alignment normal. Posterior bone fusion C3-C4 & posterior surgical fusion with hardware in place L5-S1. Hardware consists 2 posterior short metallic spinal rods & bilateral pedicle-screws L5 & S1. In addition there is bone fusion L5 & S1. Disc markers L3-L4, L4-L5 & L5-S1. Remainder L5 spine including both SI joints unremarkable.

IMP: S/P SURGICAL POSTERIOR LUMBAR FUSION L3-S1
 POSTERIOR BONE FUSION. IN ADDITION POSTERIOR SURGICAL HARDWARE FUSION L5-S1.

STABLE SMALL GRADE 0 TO 1 RETROLISTHESIS L3 OVER L4 & LATERAL FLEXION-EXTENSION STANDING VIEWS.
 NO PRIOR STUDY.

R J Mueller, md

RADIOLOGIST

4-16-16

DATE

DISTRIBUTION: Original - Health Record

Copy - Radiologist

Copy - X-Ray Folder

MA 4/16/16

From:

Page 1 of 81

21 Mar 17 0612

Arnot Ogden Medical Center
Radiology Exams by Provider
From 20 Mar 17 to 20 Mar 17

MRI Lumbar Spine

Patient Name
Boomer, Solomon

Visit #
6831485

DOB
08/29/1958

Provider
Brasemann, Peter A

complete

03/20/2017 0908

Procedure: Lumbar spine MRI with and without contrast.

Clinical indication: Low back pain radiating to both lower extremities. History of prior surgery. There is no prior study currently available for review.

Sagittal and axial sequences were obtained. The L1-2 disc is desiccated and mildly bulging without significant central canal or neural foraminal stenosis.

At L2-3 there is disc desiccation and bulging, and bilateral facet and ligamentous hypertrophy resulting in moderate to severe central canal stenosis without significant neural foraminal encroachment.

The patient has had an L3-4 discectomy, and apparent removal of posterior fusion hardware. There is facet arthropathy with mild central canal stenosis at this level.

At L4-5 there is ligamentous hypertrophy without significant stenosis.

The patient has had an L5-S1 discectomy and posterior instrument fusion. Artifact from the metallic hardware somewhat limits evaluation at this level but right facet arthropathy results in foraminal encroachment.

There are reactive endplate changes adjacent to the degenerated L2-3, L3-4, and L5-S1 discs. Signal in the vertebrae is otherwise normal. The vertebrae are normal in height and alignment. Sagittal postcontrast images show no additional finding (axial images were not obtained).

Impression:

1. Disc degeneration resulting in moderate to severe L2-3 central canal stenosis.
2. Right L5-S1 foraminal encroachment due to facet arthropathy.

Electronically Signed by David Rayne, MD (ARFL) on 3/20/2017 10:33 AM

PM
3/21/17
NES F10
Jue-0

CC: offender

Exhibit

B

Revised (02/04)

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONAL SERVICES
REQUEST FOR REASONABLE ACCOMMODATION

COPY LOCALLY AS NEEDED

GREEN HAVEN CORRECTIONAL FACILITY

Inmate's Name Solomon Boomer		DIN# 94A 4650	DATE 11-30-18
INMATE'S REQUEST	I request reasonable accommodation to participate in the following program and/or service Need Wheelchair so I can participate in all activities		
	I am limited in my ability to (explain disability or limitation): WALK without excessive Pain As I have had multiple back surgeries		
	The accommodation requested is: NEED A Wheelchair		
	(Sign and forward to the Deputy Superintendent for Program Services)		
REC'D BY DSP	<div style="display: flex; justify-content: space-between;"> <div>(DSP Name)</div> <div>(Signature)</div> <div>Date</div> </div>		
MEDICAL VERIFICATION	Disability _____ Functional limitations _____ No medical verification is on file. Follow-up appointment scheduled? <input type="checkbox"/> yes <input type="checkbox"/> no Date inmate notified of pending medical evaluation/consult: _____ <div style="display: flex; justify-content: space-between;"> <div>(Medical Staff name – title)</div> <div>(Signature)</div> <div>Date</div> </div>		
REASONABLE ACCOMMODATION DETERMINATION	The above requested reasonable accommodation has been: <input type="checkbox"/> Approved <input type="checkbox"/> Modified <input type="checkbox"/> Denied The specific accommodations approved are: _____ Explanation of modification or denial: _____ <div style="display: flex; justify-content: space-between;"> <div>(Inmate's Signature)</div> <div>(DSP or designee signature)</div> <div>Date</div> </div>		
INMATE RECEIPT	<input type="checkbox"/> I agree <input checked="" type="checkbox"/> I disagree with this determination. I understand my right to file a grievance in accordance with Directive #4040, "Inmate Grievance Program" Signature Solomon Boomer Date 1/11/19		

Original – Guidance Folder

Copies - Inmate, Superintendent, Medical, Parole, ADA Coordinator (Central Office)



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

TO: 94A4650 BOOMER, SOLOMON CELL 0A-41-58S
FROM: M. Kopp, Deputy Superintendent Program Services
SUBJECT: Reasonable Accommodation Dated 11/30/18
DATE: 12/05/18

A handwritten signature in black ink, appearing to read "MKopp", located to the right of the "FROM:" line.

In response to your Reasonable Accommodation dated 11/30/18, this is not an appropriate Reasonable Accommodation. This is a medical doctor's determination. See Directive #2614, Section B – Note.

MK:nl
Cc: file

To: M. Kopp, Deputy Superintendent of Program Services
From: Solomon Boomer, 94-A-4650, OA-4-158S
Subj: Reasonable Accommodation Dated 11/30/18 - Denial of 12/5/18
Date: December 13th, 2018

Your response to my reasonable accommodation request for a wheelchair was denied as not being an appropriate reasonable accommodation, and you referred me to Directive #2614, Section B - Note.

Section "B" is titled: "Reasonable Accommodation" and states that requests for medical treatment, physical therapy, prosthetic devices, bottom bunk permits or any other items required for daily living are not considered reasonable accommodations. It also states that such requests should be made through the medical department.

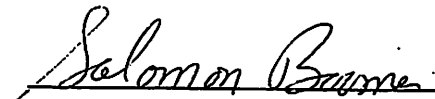
Section II, "Definitions", A. "Individual with a Disability", subsection 2, defines an individual with a disability being one who has a physical impairment that substantially limits one or more of the person's major life activities (see subsection 1) with "Major Life Activity" being "functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, learning and working.

Furthermore, subsection 4 & 5 state that "Anyone who has a record of such impairment (I have had multiple back surgeries and use a cane)" and that "The determination of whether an impairment substantially limits a MAJOR LIFE ACTIVITY shall be made WITHOUT REGARD TO THE IMPROVEMENT made by use of ...(in relevant parts) equipment (i.e. Wheelchair)

Ms. Kopp, my medical provider has refused to fill out paperwork to get me wheelchair, the primary purpose they sent me to this jail, so I respectfully request either you or the New Asst. Deputy Supt. of Medical resolve this matter internally. PLEASE, I am an elderly gentlemen and in alot of pain.

God Bless you and thank you for your time and assistance in getting this resolved in a timely manner. Have a Merry Christmas and a Happy New Year.

Most Respectfully Yours,


Soloman Boomer, 94-A-4650

cc: Disability Rights of New York
Att: Helen Charland ESQ.



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

TO: 94A4650 BOOMER, SOLOMON CELL 0A-41-58S
FROM: M. Kopp, Deputy Superintendent Program Services
SUBJECT: Reasonable Accommodation Denial
DATE: 12/17/18

A handwritten signature in black ink, appearing to read "M. Kopp", written over the "FROM:" line of the memorandum.

In response to your letter dated 12/13/18, it has been forwarded to DSHS Baldwin.

MK:nl

Cc: DSHS Baldwin
file



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

December 28, 2018

Solomon Boomer, 94A4650
Green Haven Correctional Facility
594 Route 216
Stormville, NY 12582-0010

Dear Mr. Boomer;

In regards to your recent correspondence, I have been advised that wheelchairs are ordered by a physician as medically indicated. At this time, your provider does not feel you have a medical need for a wheelchair.

It is suggested that you continue to bring your medical concerns to the attention of the medical staff using the existing sick call procedure. I am sure they will make every effort to address your needs.

Sincerely,

A handwritten signature in black ink, appearing to read "V. Baldwin".

V. Baldwin
Deputy Superintendent for Health Services

cc: NA, Green Haven Correctional Facility

SOLOMON BOOMER
94a-4650

A-4-158

1/10/19

To: Dr. Bentivegna MD.

Re: Reasonable Accommodation Wheelchair

Dr. Bentivegna, I am writing to you concerning my provider 'Lenard'. You are aware of my recent letters to you concerning receiving a wheelchair.

And, I was directed that I had to have the provider to first have me to attend physical therapy.

And, that I had to go to physical therapy first to see a neurosurgeon. All this was arranged by the provider, and when I met with the physical therapist I explain mine situation concerning my back. The physical therapist would not touch me, until I see a 'neurosurgeon first due to my serious injuries, and this is correct!

The provider then put me in for the neurosurgeon, and I'm waiting for the approval. I also need to see the Orthopedic.

But, here's my complaint I wrote to deputy superintendent m. kopp for a reasonable accommodation wheelchair, who passed this request to deputy baldwin, who took over that position, or program services and he investigated the matter and spoke with the provider (i.e. lenard), and he states that the provider says: he does not "feel" I have a medical need for a wheelchair.

Provider lenard is aware of the neurosurgeon & wheelchair matter. He is knows the explanation why I was sent to GHCF; because I told him, he knows the reason why it was and necessary for me to attend the physical therapy, yet he tells the deputy supt. baldwin, who was going to accommodate me with a wheelchair, that he "feel" Who is not a neurosurgeon or orthopedic, that I do not need a wheelchair.

I could not stay in Elmira or Attica, because they were not wheelchair facilities, so I was sent here and I have not gotten a wheelchair yet! I was already in the computer when I got to see the neurosurgeon, but this facility took me off.

He took me off my pain pills stating that it was affecting my kidneys and did not replaced them with a better pill, so I'm walking around with pain even more. I wanted protection for my kidneys, being that my kidneys are being affected, I have not gotten that. I wanted the pill I'm taking for the neuropathy increased that's been ignored also. I told him that I was HIV and he did not know that when we first met. he then looked it up on the computer, and then this is when things changed. I believe that he has personal feelings towards me since he became aware of this making these personal decisions and denying me adequate medical care.

cc:File
SB

Respectfully,

Solomon Boomer 94a-4650

Solomon Boomer 94a-4650
A-4-158

1/10/19

Re: Accommodation Wheelchair

To: Deputy Superintendent Baldwin

Sir:

Though I have spoken with you the other day as you made your round in A-Block, and you passed my assigned located cell. I showed you the consultation report from the neuro surgeon, as to what he has recommended.

As for the medication, the Department of Correctional Services has a list of medications, which they "Reject" and won't give us. Lyric is on that list. However, the second recommended medication the neuro surgeon recommended, "Gabapentin" is not.

That list was placed in the DOCS, I am now serving you with a copy of the consultation report. Thank you.

cc: file
SB

Cordially,

S. Boomer



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

MEMORANDUM

January 11, 2019

Boomer 94a4650
A4-158

Mr. Boomer,

I have received your letter dated 1/10/19.

NP Leonard is a licensed independent practitioner in the state of New York. He has been assigned as your facility provider and makes all clinical decisions regarding your care according to his best judgement. This would include the choice of pain medication, and his determination of your need for a wheelchair.

You will receive an evaluation by the neurosurgeon shortly. I am sure that NP Leonard will take the neurosurgeon's findings and recommendations under consideration as he formulates your plan of care.

Robert V. Bentivegna MD
Facility Health Services Director

1/14/19 12:26:11
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES
HEALTH SERVICES SYSTEM
REQUEST AND REPORT OF CONSULTATION

Disability Rights NY

NAME: BOOMER, SOLOMON

DIN: 94A4650 DOB: 11/29/1958
CURRENT FAC: GRN HAVN GEN

REFERRING FAC : GRN HAVN GEN

REFERRAL DATE : 11/28/18 10:00A TELEMED: N<N>

REFERRAL NUMBER: 18492990.01M

TYPE OF SERVICE: NEURO SURGERY

REFERRAL TYPE : INITIAL

URGENCY OF CARE: ROUTINE

REFERRAL STATUS: SCHEDULED
INTERPRETER:

MEDICAL HOLD: NO

TYPE:

REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: LEROY LEONARD, NP

APPOINTMENT: 01/15/19 09:00A

REVIEWED BY: ROBERT BENTIVEGNA, MD

POS: PUTNAM COMMUNITY HOSPITAL
PROV: GARELL, CHARLES-NES

REASON FOR CONSULTATION:

USER: 11/28/18 10:00A C080LXL

(CHRONIC LBP WITH RADIATION INTO BLE'S, HX LAMINECTOMY L5 FUSION 2010 WITH)

(STAPH INFECTION AND HARDWARE FAILURE, EMG BILATERAL POLYNEUROPATHY, MRI)

(DDD L2-3 CAUSING MOD TO SEVERE CENTRAL CANAL STENOSIS AND L5-S1 FACET)

(ARTHROPLASTY, HAS DIFFICULTY AMBULATING WITH A CANE, SEEN BY PAIN IN ANOTHE)

(R HUB WHO RECOMMENDED NES EVALUATION, 5/11/18)

ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT:

- S: PT reports pain 10/10 constantly & difficulty walking and sleeping. Reports that he feels "hardware moving" in his back. Reports bilateral lower extremities numbness, tingling, and spasms. Has tried PT, lidocaine patch. PT reports previous use of Gabapentin & Lyrica - both helpful, but no longer present.
- O: Negative paraspinal tenderness in lumbar region. Decreased strength in lower extremities 4/5 bilaterally. Gait to cane is slow secondary to pain. s/p lumbar surgery 2010 & 2015 - replacement of hardware.
- A: Absent reflexes in lower extremities. ROM limited secondary to pain.

Plan for repeat MRI lumbar spine w/o contrast
Recommend wheelchair use PRN and start Gabapentin
Return after MRI

CONSULTANT SIGNATURE:

IF FOLLOW-UP/PROCEDURE RECOMMENDED REQUESTED BY

DATE: 01/15/2019

* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE INMATE'S NYSDOCS PHYSICIAN.

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To: Clerk's office

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